

FEB 28 2006

2401

PTO/SB/07 (12-97)
Approved for use through 9/30/00. OMB 0851-0031
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: Dan Kikinis
Case: P1544D1 Application No.: 09/911,945 Filing date: 07/23/2001
Art Unit: 2145 Examiner: Patrice L. Winder
Subject: Enhanced Integrated Data Delivery System

Certificate of Transmission under 37 CFR 1.8

Attention: Patrice L. Winder, Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on 02/28/2006

Date



Signature

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

Total Sheets Transmitted - 11

1. Amendment Transmittal - 1 sheet
2. Duplicate Amendment Transmittal - 1 sheet
3. Response E - 8 sheets
4. Certificate of Transmission - 1 sheet

Please call (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Method of Transmission: Facsimile

CASE DOCKET NO. P1544D1

In reference to application of Dan Kikinis

Serial No. 09/911,945

For Enhanced Integrated Data Delivery System

RECEIVED
CENTRAL FAX CENTER

FEB 28 2006

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	5	Minus	** 20	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 4	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys
Reg. No. 35074Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

Method of Transmission: Facsimile

CASE DOCKET NO. P1544D1

In reference to application of Dan Kikinis

Serial No. 09/911,945

For Enhanced Integrated Data Delivery System

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	5	Minus	** 20	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 4	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys
Reg. No. 35074Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

COPY

**RECEIVED
CENTRAL FAX CENTER**

FEB 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2145

Examiner: Patrice L. Winder

In Re: Dan Kikinis
Case: P1544D1
Serial No.: 09/911,945
Filed: July 23, 2001
Subject: Enhanced Integrated Data Delivery System

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Response E